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APPLICANTS

James R. Thiessen, Somis, CA;
 David K. Whitaker, Camarillo, CA;
 Christopher A. Jenkins, Thousand Oaks, CA;

** CONTINUING DATA ***** *none*

** FOREIGN APPLICATIONS ***** *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 20	TOTAL CLAIMS 60	INDEPENDENT CLAIMS 7
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

ADDRESS
 23363
 CHRISTIE, PARKER & HALE, LLP
 PO BOX 7068
 PASADENA, CA
 91109-7068

TITLE
 Six speed motorcycle transmission

FILING FEE RECEIVED 917	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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